

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010667	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/19/2012
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF SOUTH BEND		STREET ADDRESS, CITY, STATE, ZIP CODE 17441 SR 23 SOUTH BEND, IN 46635		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on 2/17/12. This visit included the PSR to the Investigation of Complaint IN00103830 completed on 2/17/12.</p> <p>Complaint IN00103830 - Corrected.</p> <p>Survey date: April 17, 2012</p> <p>Facility number: 010667 Provider number: 010667 AIM number: N/A</p> <p>Survey team: Vicki Manuwal, RN</p> <p>Census bed type: Residential 38 Total: 38</p> <p>Census payor type: Other 38 Total: 38</p> <p>Sample: 5</p> <p>Sterling House of South Bend was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the State Residential Licensure Survey and the PSR to the Investigation of Complaint IN00103830.</p> <p>Quality review completed 4/24/12 by Jennie Bartelt, RN.</p>	{R 000}		

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

1FC012

If continuation sheet 1 of 1